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FAX**To** Attn: Examiner Thomas J. Mullen, Group 2632**Company** USPTO**Fax** 703-872-9306**From** Marjorie J. Pfeiffer**Tel** 1-919-483-9038; Facsimile: 1-919-483-7988**E-mail** marjorie.j.pfeiffer@gsk.com**Date** January 26, 2005 **Pages including cover** 33**Subject** Response to Official ActionGlaxoSmithKline
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North Carolina 27709Tel: 919 483 2100
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Re: Application of Gregor John McLennan ANDERSON et al.
U.S. Serial No.: 10/089,760; Filed: April 2, 2002
Title: *Medicament Delivery System*
Attorney Docket No. PG3786USw**Attached:**

1. Transmittal Form with a Certificate of Transmission (37 CFR 1.8(a))
2. Fee Transmittal for FY2005 (in duplicate)
3. Petition for Extension of Time (in duplicate)
4. Amendment (22 pages)
5. 5 sheets of Replacement Drawings

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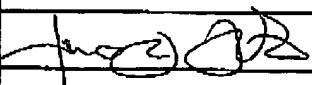


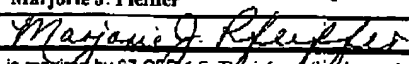
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/089,760
	Filing Date	April 2, 2002
	First Named Inventor	Gregor John McLennan ANDERSON
	Art Unit	2632
	Examiner Name	Mullen, Thomas J.
Total Number of Pages in This Submission	Attorney Docket Number	PG3786USw

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	James P. Riek Registration No. 39,009 Telephone: (919)483-8022
Signature	
Date	January 26, 2005

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Typed or printed name	Marjorie J. Pfeiffer		
Signature		Date	January 26, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Doc Code:

PTO/SB/17 (12-04v2)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL for FY 2005		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/089,760
TOTAL AMOUNT OF PAYMENT (\$) \$2,600.00		Filing Date	April 2, 2002
		First Named Inventor	Gregor John McLennan ANDERSON
		Examiner Name	Mullen, Thomas J.
		Art Unit	2632
		Attorney Docket No.	PG3786USw

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Deposit Account Number: 07-1392 Deposit Account Name: GLAXOSMITHKLINE

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (Including Reissues)	50	25
Each independent claim over 3 (Including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Fee (\$)	Small Entity Fee (\$)
<u>33</u> - 20 or HP = <u>0</u> x <u>\$50.00</u> = <u>\$0.00</u>		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Fee (\$)	Small Entity Fee (\$)
<u>16</u> - 3 or HP = <u>13</u> x <u>\$200.00</u> = <u>\$2,600.00</u>		
HP = highest number of independent claims paid for, if greater than 3.		
Multiple Dependent Claims	Fee (\$)	Small Entity Fee (\$)
<u>16</u> - 3 or HP = <u>13</u> x <u>\$360.00</u> = <u>\$4,680.00</u>		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listing under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<u>16</u> - 100 = <u>6</u> / 50 <u>1</u> (round up to a whole) x <u>\$250.00</u> = <u>\$250.00</u>				

4. OTHER FEE(S)

Non-English specification, \$130 fee (no small entity discount)
 Other (e.g. late filing surcharge):

SUBMITTED BY			
Signature	Registration No. (Attorney/Agent)	Telephone	
Name (Print/Type)		Date	
James P. Riek	39,009	January 26, 2005	(919)483-8022

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